

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/581279 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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TOTAL IND.	1		1			
TOTAL DEP.	3	↓	5	↓		↓
TOTAL CLAIMS	6	↓	6	↓		↓

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓